

FOR OFFICE USE ONLY

☐ New Alarm ☐ Renewal

☐ Received (date) _____

☐ Rejected (date) _____

☐ Approved (date) _____

Beat # () _____

Permit # _____

Date _____

**City of Hollister
Police Department
APPLICATION FOR ALARM PERMIT**

Please fill in COMPLETELY or the form will be returned.

\$ 35.00 FEE

The intention of this application is to provide the citizens with the best possible service requiring response by Hollister Police Patrol personnel.

Fill in (type or print) this application COMPLETELY and check boxes where appropriate. Return the completed application to the **Hollister Police Department, 395 Apollo Ct, Hollister, CA 95023** PRIOR to the connection of your alarm system - PLEASE RETURN COMPLETED FORM. And if your application is approved, a copy will be returned to you and shall serve as your permit.

The undersigned acknowledges that the City of Hollister reserves the right to disconnect, order disconnection, or terminate normal response to the alarm device when, in the opinion of appropriate authority in the City of Hollister, continued operation of the alarm device would constitute a detriment to the public health, safety and welfare. The undersigned is responsible for any changes relating to disconnection or termination of the alarm device by the City of Hollister.

It is expressly understood by the undersigned that any violation of the City of Hollister Alarm Ordinance may result in a suspension or revocation of this permit and/or assessment as prescribed in the ordinance itself.

☐ Name of Business

☐ Name of Resident

(Check one)

(Last)

(First)

(Middle Initial)

Mailing Address (If different) _____

Physical Address (Not a P.O. Box) _____

(Number)

(Street)

(City or Area)

(Zip)

Nearest Cross Street _____

Physical description of house/business (Color, etc.) _____

The house/building numbers are posted:

☐ On the house/building

☐ At the entrance to your private driveway

☐ Other (List below)

Other identifiable features: _____

Telephone Number (Res.) (_____) _____ (Bus.) (_____) _____

Gate Combination/Instructions _____

Type(s) of business at this address _____

IF THE ABOVE IS A BUSINESS OR PART-TIME RESIDENCE: (Do not just list Company Name)

Full name of owner/landlord/manager _____

(Last)

(First)

(Middle)

Permanent Mailing Address _____

Telephone Number (Res.) (_____) _____ (Bus.) (_____) _____

Person Responsible for payment of alarm penalty assessments if different than owner above.

(Last)

(First)

(Middle Initial)

(Number)

(Street)

(City/State)

(Zip)

(Over)